

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Wage Certificate
- D. Proposal Forms
- E. HSH Policy & Procedure No. 14.013
- F. Exhibits (1 – 6)

Attachment A

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____

RFP No.: HTH 430-4

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov>. Click *Procurement of Health and Human Services* and *For Private Providers**

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Wage Certificate		Section 5, RFP	X	
Proposal Forms		Section 5, RFP	X	
Exhibits		Section 5, RFP	X	

Authorized Signature

Date

Attachment B

Sample Table of Contents Proposal Application

Proposal Application Table of Contents

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V.	Financial.....	20
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VI.	Litigation.....	20
VII.	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
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	SPO-H-206E Budget Justification - Contractual Services - Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 2005.	
	C. Organization Chart	
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	D. Performance and Output Measurement Tables	
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Attachment C

Wage Certificate

WAGE CERTIFICATE
(For Service Contracts)

Subject: RFP No.: _____

Title of RFP: _____

(To be completed by Applicant)

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work; and
2. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

I understand that failure to comply with the above conditions during the period of the contract shall result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the procurement officer. Payment in the final settlement of the contract or the release of bonds, if applicable, or both shall not be made unless the procurement officer has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Applicant _____

Signature _____

Title _____

Date _____

Attachment D

Proposal Forms

NURSING SERVICES FOR
DEPARTMENT OF HEALTH
HAWAII STATE HOSPITAL
RFP NO. HTH 430-4

William T. Elliott
RFP Contact Person
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744

Dear Sir:

The undersigned has carefully read and understands the general requirements and scope of work specified in the service Specifications and hereby submits the following proposal to perform the services specified in this RFP, all in accordance with the true intent and meaning thereof:

Date: _____

Respectfully submitted,

Telephone No.: _____

Fax No.: _____

Exact Legal Name of Applicant

Payment address, if other than
street address at right:

Authorized Signature (Original)

Title

Hawaii General Excise Tax Lic.
I.D. No.: _____

Street Address

Social Sec. or Federal I.D. No.: _____

City, State, Zip Code

If applicant shown above is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Applicant is: ___ Individual ___ Partnership ___ Corporation ___ Joint Venture

State of incorporation: Hawaii ___ *Other _____

*If "other", is corporate seal available in Hawaii? ___ Yes ___ No

The following proposal is hereby submitted for Nursing Services for Hawaii State Hospital, as specified herein:

Item No.	Description	*Direct Labor Rate	**Proposed Price Per Hour
-------------	-------------	--------------------------	---------------------------------

GROUP I

REGISTERED PROFESSIONAL NURSES-LONG TERM HIRE

- | | | | |
|----|---|---------|---------|
| 1. | Hourly rate for RPN hired for eighty (80) regular hours in a two (2) week schedule, working 8-hour shifts, 13 weeks minimum | \$_____ | \$_____ |
|----|---|---------|---------|

GROUP II

REGISTERED PROFESSIONAL NURSES-TEMPORARY HIRE

- | | | | |
|----|--|---------|---------|
| 2. | Hourly rate for RPN hired for less than eighty (80) hours in a two (2) week schedule | \$_____ | \$_____ |
|----|--|---------|---------|

GROUP III

LICENSE PRACTICAL NURSE-TEMPORARY HIRE

- | | | | |
|----|--|---------|---------|
| 3. | Hourly rate for LPN hired for less than Eighty (80) hours in a two (2) week Schedule | \$_____ | \$_____ |
|----|--|---------|---------|

GROUP IV

PSYCHIATRIC TECHNICIANS -TEMPORARY HIRE

- | | | | |
|----|---|---------|---------|
| 4. | Hourly rate for Psych. Tech. hired for less than eighty (80) hours in a two (2) week schedule | \$_____ | \$_____ |
|----|---|---------|---------|

(*) Direct labor rate is the hourly rate paid to the RPN/LPN/Psych. Tech. by the Contractor excluding differentials and shall be no less than the current wage rate for the applicable State position.

(**) The Proposed Price Per Hour shall be the direct labor rate plus all other expenses for furnishing the services requested herein, including all applicable taxes.

Applicant _____

Applicant shall provide the following information as required by this RFP.

REFERENCES:

1. Hospital/Institution: _____
 Address: _____
 Point of Contact: _____
 Phone Number: _____ Fax Number: _____
2. Hospital/Institution: _____
 Address: _____
 Point of Contact: _____
 Phone Number: _____ Fax Number: _____

OFFICE LOCATION(S):

Address: _____
 Point of Contact: _____
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____

INSURANCE:

	Carrier	Policy No.	Agent
Commercial General Liability	_____	_____	_____
Medical Professional Liability	_____	_____	_____
Workers Compensation	_____	_____	_____
Temporary Disability	_____	_____	_____
Prepaid Health Care	_____	_____	_____
Unemployment Insurance: State of Hawaii Labor No. _____			

Applicant _____

SUBCONTRACTOR(S):

Will any part of the services specified in this RFP be subcontracted?

YES _____ NO _____

If yes, list below all subcontractors to be used and what portion of the services the subcontractor(s) will be providing (use additional sheets of paper if necessary):

1. Name of Subcontractor:

Portion of services to be provided by subcontractor:

2. Name of Subcontractor:

Portion of services to be provided by subcontractor:

Applicant _____

Attachment E

HSH Policy & Procedure

No. 14.013

Employee Health

<p style="text-align: center;">HAWAII STATE HOSPITAL POLICY AND PROCEDURE</p> <p style="text-align: center;"><u>(IC) Surveillance, Prevention and Control of Infection</u></p> <p>SUBJECT: EMPLOYEE HEALTH</p> <hr/> <p>REFERENCE: JCAHO 1.10, 4.10</p>	<p>Number: 14.013 Effective Date: 9/27/96 History: Rev. 11/99, 8/02, 12/04</p> <p>Page: 1 of 6</p> <p>Approved:</p> <hr/> <p>Title: Administrator _____ Date _____</p>
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PURPOSE:

To establish an employee health program at the Hawaii State Hospital (HSH).

- Hospital personnel are entitled to protection from work-related disease.
- Patients are entitled to protection from infection transmitted by employees.

POLICY:

It shall be the policy of this facility that pre-employment physical evaluations shall be required for all employees. An annual health screen will be required for all employees in accordance with the Rehabilitation Act of 1973, Section 504, and Title I of the Americans with Disabilities Act of 1990, as well as other applicable State and Federal employment opportunity laws and regulations. Failure to comply with this policy may result in suspension or dismissal.

RESPONSIBILITY STATEMENT(S):

1. The Hawaii State Hospital Chief of Medical Services oversees the Employee Health Screening Program in collaboration with the Infection Control Coordinator.
2. Human Resources is responsible to ensure that all documents and health requirements are completed prior to employment.
3. The Medical Services Unit will advise Human Resources when all documents have been received and health requirements have been met.

PROCEDURE:

1. All Hospital Personnel shall comply with the Summary of Important Recommendations and Work Restriction for Personnel with Infectious Diseases (Attachment 1)
2. All Hospital personnel are REQUIRED to fulfill an initial entry TB (Tuberculosis) evaluation based on a two-step Mantoux (PPD) skin test. The Hawaii State Department of Health requires an initial entry TB evaluation on all new employees and Hospital personnel

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(Attachment 2). The initial entry TB evaluation will be completed by an outside provider and approved by the MSU prior to the first day of work at HSH.

Two-step TB skin test:

- 1st step and 2nd step will be done at an outside source of individual's choice (physician's office, Lanakila, etc.) (Attachment 3)
- 2nd step shall be done one (1) week, but no later than three (3) weeks, after the first test.

Exceptions:

A two-step TB skin test will not be required if documented medical record is present of a:

- Current two-step TB skin test
- Current TB skin test or one completed 12 months prior to date of hire will require only one TB skin test
- Positive TB skin test with a standard chest x-ray

All new PPD converters and new hires with a history of a positive PPD shall complete the ***Initial Survey for Tuberculosis*** form (Attachment 4).

Measles, Mumps, Rubella, and Varicella: immunizations and/or titers are required for all full-time and part-time State Employees and Direct-Care/Unit-Based Staff.

Tetanus: Td vaccine is recommended for all staff every ten (10) years.

Hepatitis B vaccine is recommended for all direct-care staff that are at risk for bloodborne pathogen exposure.

Requirements of Hawaii State Hospital Personnel by Categories¹

A. Hawaii State Civil Service Staff and Transfers:

1. Physical Exam (as designated by Personnel) required
 - a. Certificate of Medical Examination (form DPS, Form 4) (Attachment 5)
 - b. OCCUMED Medical History Form (Attachment 6)
2. Initial TB entry evaluation required (requirements as indicated as above)
3. Records of Immunity
 - a. Measles (Rubeola): documentation of two doses of MMR vaccine, or serologic evidence of measles (titer)
 - b. Mumps: documentation of one (1) dose of MMR vaccine or serologic evidence of mumps (titer)
 - c. Rubella (German Measles): documentation of one (1) dose of MMR vaccine or serologic evidence of rubella.

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- d. Varicella (Chicken Pox): reliable history of having the disease, serologic evidence of varicella, or documentation of two (2) doses of the Varicella vaccine.
- 4. Hepatitis B vaccine series (3 doses) is recommended for all direct-care staff and unit-based staff or those at risk of bloodborne pathogen exposure.
 - a. Complete Hepatitis B vaccination and Hepatitis B Vaccination Tracking forms (Attachments 7 & 8).
 - b. If interested in Hepatitis B vaccine series and have no history of vaccination or immunity, report to the Medical Services Unit to initiate the Hepatitis B vaccination process.
 - c. If not interested in the Hepatitis B vaccinations, sign declination portion of the Hepatitis B Vaccination form (Attachment 7).
- 5. Completion of Initial Employee/Personnel Health Screen form required (Attachment 9).
- 6. All Civil Service Employees in accordance with the Department of Health Chapter 94 regulations shall complete an annual TB Evaluation and an Annual Health Review (Attachment 10).

B. Personnel hired for less than six (6) months:

- 1. Initial TB entry evaluation required
- 2. Hepatitis B vaccinations: recommended (for those hires that may have exposure to bloodborne pathogens)
- 3. Completion of waiver form required (Attachment 11)

C. Contracted Staff:

- 1. Initial TB entry evaluation required
- 2. Completion of waiver form required (Attachment 11)
- 3. For direct-care/unit-based staff and those at risk for Bloodborne Pathogen Exposure, documented evidence of immunity for Measles, Mumps, Rubella, and Varicella (Chicken Pox) is required and will be kept on file by the contractor.
- 4. For non-direct care staff, documented evidence of immunity for Measles, Mumps, Rubella, and Varicella is required and will be kept on file by the contractor (information will be made available in the event of an outbreak or safety issues within 24 hours).
- 5. Hepatitis B vaccine series (3 doses) is recommended for all direct-care staff/unit based staff or those at risk of bloodborne pathogen exposure.
 - a. Complete Hepatitis B vaccination/immunity on Initial Employee/Personnel Health Screen form (Attachment 9)
 - b. If not interested in Hepatitis B vaccinations, sign declination portion of the Hepatitis B Vaccination form (Attachment 7)
- 6. Tetanus vaccination is recommended

7. Records of immunity will be kept within the contracting Unit. Information will be made available for random audits, Department of Health survey, or OSHA inspections within five (5) working days. In the event of an outbreak or safety issues, records must be available within 24 hours.
8. Prior to employment employers of all contracted staff are responsible for obtaining immunization history of their employees as well as provide the Hepatitis B vaccine in accordance to OSHA regulations and CDC employee health guidelines.
9. Employers of all contracted staff are responsible for providing Occupational Exposure follow-up to bloodborne pathogens in accordance with OSHA Exposure to Bloodborne Pathogens; Final Rule 29 CFR Part 1910.1030, and any future changes made in this regulation as well as following current U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, and Recommendations for Post-Exposure Prophylaxis, dated June 29, 2001/50(RR11); 1-42 and any future changes made in the guidelines. The Hawaii State Hospital will provide initial evaluation at the time of the exposure.

Upon initial and renewal of contracts proof of TB status, immunization/immunity status via ***Initial Employee/Personnel Health Screen Form***, of all direct-care/unit-based staff and those at risk for bloodborne pathogens will be required.

D. Students and Residents:

1. Initial TB entry evaluation required.
2. Documented evidence of immunity for Measles, Mumps, Rubella, and Varicella (Chicken Pox) is required and will be kept on file by the responsible department. Information will be made available for random audits, Department of Health survey, or OSHA inspections within five (5) working days. In an event of an outbreak or safety issues, records must be available within 24 hours.
3. Hepatitis B vaccine series (3 doses) is recommended for all direct-care staff/unit- based staff or those at risk of bloodborne pathogen exposure.
 - a. Complete Hepatitis B vaccination/immunity on the Initial Employee/Personnel Health Screen form
 - b. If not interested in Hepatitis B vaccinations, sign the declination portion of the Hepatitis B form

E. Volunteers:

1. Initial entry TB evaluation required
2. Hepatitis B vaccination recommended if at risk for bloodborne pathogen exposure.

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3. Completion of waiver form required (Attachment 11). Form will be maintained by the volunteer coordinator.

F. Others: Equals greater than ten (10) hours/week on a regular basis:

1. Initial TB screening evaluation required
2. Completion of waiver form

ADDENDUM(A) / ATTACHMENT(S):

- Attachment 1 – HSH Summary of Important Recommendations and Work Restriction for Personnel With Infectious Diseases
- Attachment 2 – Hawaii Administrative Rules; Title 11 – Exhibit A – Tuberculosis Examination Procedures For All Health Care, Domiciliary Care, Adult Day Care, and Residential Facilities and Programs Licensed under Title 11, Chapters 85-105, by the DOH, August, 2001 (from Dispensary)
- Attachment 3 – Island of Oahu, State of Hawaii, TB Branch, Testing Sites
- Attachment 4 – HSH Initial Survey for TB
- Attachment 5 – State of HI, Dept. of Personnel Services, Certificate of Medical Examination (form from Personnel)
- Attachment 6 – Occu-Med Medical History (form from Personnel)
- Attachment 7 – HSH Hepatitis B Vaccination & Hepatitis B Information Sheet
- Attachment 8 – HSH Hepatitis B Vaccination Tracking Form
- Attachment 9 – HSH Medical Services Unit – Initial Employment/Personnel Health Screen
- Attachment 10 – HSH Annual Health Review (To Be Completed by Employee)
- Attachment 11 – Waiver – Communicable Disease
- Attachment 12 – HSH Health Requirements For Personnel (Grid)

REFERENCES:

- State of Hawaii Department of Health, Uniformed Tuberculosis Clearance Procedures, August 2001.
- CDC, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 1994, MMWR, Oct. 28, 1994, Vol. 43, No. RR-13
- U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-Exposure Prophylaxis, MMWR, June 29, 2001/50(RR11); 1-52

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- Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), MMWR December 26, 1997/46(RR-18); 1-42
- Hawaii Administrative Rules Subchapter 1 14-9-2 Medical Standards

¹ Personnel Categories

- State-hired, Civil Service, Full-Time, Part-Time, and Transfers
- State-hired for less than six (6) months
- Contracted Staff
- Students and Residents
- Staff that come to Hawaii State Hospital campus on a regular basis

² Employees

- State-hired, Civil Service, Full-Time, Part-Time, and Transfers
- State-hired for less than six (6) months